

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/21/2006
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 295020	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/18/2006
NAME OF PROVIDER OR SUPPLIER BERRYMAN REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2045 SILVERADA BLVD. RENO, NV 89512		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS This Statement of Deficiencies was generated as the result of a complaint investigation conducted at your facility on 4/18/06. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. Complaint #NV00011430 alleged that the facility failed to transfer a resident to the hospital in a timely manner, and failed to provide adequate staffing. The complaint was unsubstantiated. Other deficiencies identified and cited. (See F309 and F272).	F 000			
F 272 SS=D	483.20, 483.20(b) COMPREHENSIVE ASSESSMENTS The facility must conduct initially and periodically a comprehensive, accurate, standardized reproducible assessment of each resident's functional capacity. A facility must make a comprehensive assessment of a resident's needs, using the RAI specified by the State. The assessment must include at least the following: Identification and demographic information; Customary routine; Cognitive patterns; Communication; Vision; Mood and behavior patterns; Psychosocial well-being;	F 272	Please see Pages Following.		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 80 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 272	<p>Continued From page 1</p> <p>Physical functioning and structural problems; Continence; Disease diagnosis and health conditions; Dental and nutritional status; Skin conditions; Activity pursuit; Medications; Special treatments and procedures; Discharge potential; Documentation of summary information regarding the additional assessment performed through the resident assessment protocols; and Documentation of participation in assessment.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review it was determined that the facility failed to assess and reassess a resident's change of condition from 3/20/06 through 3/25/06 1 or 1 residents. (Resident #1)</p> <p>Findings include:</p> <p>Resident #1: A review of the record revealed a note, dated 3/20/06, which was faxed to a doctor. The note indicated that the resident had a productive cough for several days and that congestion was noted. The doctor ordered a sputum for gram stain and culture and sensitivity. On the same note, at the bottom, was an order for an antibiotic dated 3/21/06.</p> <p>Although the note to the doctor indicated that the resident had had a cough for several days there was no documentation in the nurse's notes, dated 3/12/06 to 3/20/06, of a cough or congestion. There was no nursing assessment documented</p>	F 272			

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F 272	Continued From page 2 during this time frame. The nurse's notes, dated 3/20/06, indicated that the "chart was checked - no new RX." The nurse's notes also indicated, "received and noted new order." There was no assessment documented regarding the patient's change in condition. There was no documentation noted that there was any follow up with the doctor's order. There was no assessment documented of the patient's current condition. There was no assessment of the patient's condition noted in the nurse's notes from the dates, 3/20/06 to 3/25/06. There was an assessment made on 3/26/06, noting that the resident's oxygen saturation was 91%, that Tylenol was given for an increased temperature, and that respirations were labored. There was an assessment made on 3/27/06, indicating that the resident was coughing, that her lungs were congested with rales at her right lower lobe, that she was confused, and that her oxygen saturation were down between 86 to 87%. It was also noted that the doctor was notified and that an order was obtained to send the resident to the hospital. There was no evidence noted in the nurse's notes that a nursing assessment was completed from 3/12/06 to 3/25/06. There was no documentation in the patient's chart which noted that the patient's change in condition had been monitored from 3/20/06 to 3/25/06.	F 272			
F 309 SS=G	483.25 QUALITY OF CARE	F 309			

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F 272 483.20, 483.20(b) COMPREHENSIVE ASSESSMENTS

This REQUIREMENT was not met as evidenced by: Based on record review, it was determined that the facility failed to assess and reassess a Resident's change of condition from 3/20/06 through 3/25/06, 1 of 1 residents. (Resident #1)

What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?

Patient was assessed 3-26-06 by the Nurse, who notified the attending Physician, and obtained an order for antibiotic, chest x-ray, CBC, and o2 at 2 liters. The antibiotic was initiated immediately along with the oxygen; the lab was scheduled to be done the morning of 3-27-06, along with the Chest x-ray; however, the Patient was transferred to the acute hospital in order to provide more intensive treatment.

This Patient had been re-admitted and assessments are performed every shift along with monitoring her vital signs for any abnormalities.

How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?

Nurse Managers are responsible for monitoring 24-hour report sheets that would list any potential change in Resident's condition, then provide corrective follow-up action, including conducting an assessment of the Resident's status/condition.

All 24-hour report sheets are reviewed daily in morning meeting with Director of Nursing Services, Assistant Director of Nursing Services, and Nurse Managers for change in (Residents') conditions.

All labs and x-rays are reviewed in daily meeting with Director of Nursing Services, Assistant Director of Nursing Services, and Nurse Managers for change.

What measures will be put into place or what systemic changes will you make to ensure that the deficient practice does not recur?

In order to ensure that failure to conduct assessments on a timely basis does not occur, Berryman Rehabilitation Center, Department of Nursing Services, shall adhere to the following policy:

1. Nurse Managers are responsible for monitoring 24-hour report sheets that would list any potential change in Resident condition, then provide corrective follow-up action, including conducting an assessment of the Resident's status/condition.

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2. All 24-hour report sheets are reviewed daily in morning meeting with DON, Assistant DON, and Nurse Managers for change in conditions.
3. All labs and x-rays are reviewed in daily meeting with DON, Assistant DON, and Nurse Managers for change in conditions.

How will the facility monitor its corrective action to ensure that the deficient practice is being corrected and will not recur, i.e., what program(s) will be put into place to monitor the continued effectiveness of the systemic change?

The DON and Assistant DON shall review the 24-hour reports, labs, and x-rays on a daily basis to ensure that follow-up was completed and that assessments were completed and documented in the Resident's record.

Dates when corrective action will be completed?

- | | | |
|----|----------------------|---------|
| 1. | Lab Log | 4-24-06 |
| 2. | 24-hour Report Forms | 4-22-06 |
| 3. | Alert Charting | 4-22-06 |
| 4. | Chart Audits | 4-28-06 |

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F 309	<p>Continued From page 3</p> <p>Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and interview, it was determined that the facility failed to provide necessary services for 1 of 1 residents. (Resident #1)</p> <p>Findings include:</p> <p>Resident #1: The resident was originally admitted to the facility on 12/2/04 with diagnoses including debility, peripheral neuropathy, hypertension, anxiety, tobacco abuse, alcohol abuse, paralysis agitans, depression, and edema.</p> <p>A review of the record indicated a physician's order for an antibiotic Tequin 400 milligrams per day for a productive cough over several days. There was also an order for a sputum for gram stain and culture and sensitivity. The orders were dated 3/21/06 and 3/20/06, respectively. There was no documentation in the record that the antibiotic was ever given, or that the lab work was completed.</p> <p>A review of the record with the director of nursing (DON) revealed that she could not find the documentation. The DON indicated that the order was written by the attending physician.</p>	F 309			

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F 309	<p>Continued From page 4</p> <p>On 3/26/06 the record indicated that the resident had a temperature of 103.7 degrees Fahrenheit. The physician was notified and an order was received for an antibiotic (Cipro 500 milligrams twice per day times 7 days). There was also an order for a chest X-ray, a complete blood count, and oxygen via nasal cannula at two (2) liters per minute. The oxygen was to be titrated to keep the oxygen saturation greater than 90%.</p> <p>On 3/27/06 (no time indicated) the nursing notes indicated that the resident was coughing and her lungs were congested, with rales at the lower lobe. The resident had increased confusion with poor appetite. Her Oxygen saturation was 86-87% on five (5) liters per minute. The next nursing note stated that an order was received to send the resident to the hospital for evaluation and treatment, and that the family was notified.</p> <p>The resident was transferred to the hospital on 3/27/06 in the AM and was admitted from 3/27/06 to 4/1/06.</p> <p>According to the hospital discharge summary the resident was treated for bacterial pneumonia with intravenous antibiotics. The resident's respiratory status improved and she felt markedly better. The resident was discharged back to the facility on 4/1/06.</p> <p>The facility failed to administer an antibiotic and send a sputum sample for testing as ordered by the physician for upper respiratory symptoms. Based on the documentation and an interview with the DON the facility failed to conduct ongoing assessments of the resident's condition in order to determine if the resident's condition had</p>	F 309			

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F 309	Continued From page 5 changed. The resident was ultimately transferred to an acute facility for the following: lung congestion, rales, cough, increased confusion, poor appetite, and an oxygen saturation level of 86-87% on five (5) liters per minute of oxygen. A normal oxygen saturation is greater than 90% on room air.	F 309			

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F 309 483.25 QUALITY OF CARE

This REQUIREMENT was not met as evidenced by: Based on record review and interview, it was determined that the facility failed to provide necessary services fore 1 of 1 residents. (Resident #1)

What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?

This Resident was started on antibiotic therapy one (1) day prior to being transferred to the acute care hospital. Resident was monitored closely by the BRC Nursing Staff, while at Berryman Rehabilitation Center, and the Resident's Physician was notified that the Patient was not responding adequately to the antibiotic therapy. The Physician made the decision to transfer the Patient to the acute care hospital for more intensive therapy.

How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?

Other Residents will be identified by the following corrective measures:

Abnormal labs will be reviewed by the Nurse and called to the Physician immediately.

All lab work will be reviewed by the DON or Assistant DON, prior to being filed in the Resident's record.

No written communication will be faxed between Physician and Nurse. Physician will be called with any abnormal labs or for any orders needed for any change of condition with any Resident.

The DON, Assistant DON, and both Nurse Managers will be present daily in the Nurse Meeting where all Residents are reviewed for potential change of condition and use of 24-hour communication form implemented. (see attached)

Implementation of Lab Log Book to be kept and maintained at each Nurse's station. Every ordered lab shall be logged by the Nurse receiving the order, checked off by the phlebotomist drawing the lab, and picking up the specimen. Final check to be performed when lab is received. (see attached copy of sample record)

What measures will be put into place or what systemic changes will you make to ensure that the deficient practice does not recur?

The following measures were put into place:

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- ♦ In-service training conducted with Licensed Staff on April 21 regarding the lab log, 24-hour report sheet, alert charting, and system changes.
- ♦ Staff was notified that if new systems and policies are not followed, disciplinary action will include written counseling, suspension, and up to and including termination.
- ♦ A policy has been written and adopted to implement the following:

Abnormal labs will be reviewed by the Nurse and called to the Physician immediately.

All lab work shall be reviewed by the DON or Assistant DON, prior to being filed in the Resident Record.

No written communication will be faxed between Physician and Nurse. Physician will be called with any abnormal labs or for any orders needed for any change of condition with any Resident.

The Don, Assistant DON, and both Nurse Managers will be present daily in the Nurse meeting where all Residents are reviewed for potential change of condition. (Nursing shall use newly implemented 24-hour communication form, which is attached.)

Implementation of Lab Log Book to be kept and maintained at each Nurse's station, in which every lab ordered is logged by the Nurse receiving the order, checked off by the phlebotomist drawing the lab and picking up the specimen, and a final check is performed when lab is received. (see attached copy of sample record.)

How will the facility monitor its corrective action to ensure that the deficient practice is being corrected and will not recur, i.e., what program(s) will be put into place to monitor the continued effectiveness of the systemic change?

The DON will be responsible for monitoring all systems put into place, and the Director of Medical Records shall perform frequent audits to ensure compliance.

Dates when corrective action will be completed?

1.	In-service of Licensed Staff	4-21-06
2.	Lab Log	4-24-06
3.	24-hour Report Forms	4-22-06
4.	Alert Charting	4-22-06
5.	Chart Audits	4-28-06

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